

In The United States District Court  
For The Western District of New York

Eric Douglas Powers,  
Plaintiff,

V.

Complaint  
Civil Action No. \_\_\_\_\_



Sheriff James Allard,  
Major David Sutton,  
Lieutenant Wetherby,  
Sergeant Valentine,  
Officer Turner,  
Head of M.A.T. Scotland Reider,  
Director N.Y. D.O.C., Daniel F. Martuscello,  
Mental Health Professional Bonnie,  
Detective Brook Payne,  
Defendants,  
Individually And In Their  
Official Capacities,

## I. Jurisdiction & Venue

1. This is a civil action authorized by 42 U.S.C. Section 1983 to redress the deprivation, under color of state law, of rights secured by the Constitution of the United States. The Court has jurisdiction under 28 U.S.C. Section 1331 and 1343 (a)(3). Plaintiff seeks declaratory relief pursuant to ~~28 U.S.C. Section 2201~~ 28 U.S.C. Section 2201 and 2202, Plaintiff's claims for injunctive relief are authorized by 28 U.S.C. Section 2283 & 2284 and Rule 65 of the Federal Rules of Civil Procedure.

2. The Western District of New York is an appropriate venue under 28 U.S.C. Section 1391(b)(2) because it is where the events giving rise to this claim occurred.

## II Plaintiffs

3. Plaintiff, Eric Douglas Powers, is and was at all times mentioned herein a prisoner of the state of New York in the custody of the Steuben County Sheriff's Department. He is currently confined in Steuben County Jail, in Bath, New York.

## III Defendants

4. Defendant, Sheriff James Allard, is the Director/Commissioner of the state of New York, Steuben County Jail and Sheriff's Department. He is legally responsible for the overall operation of the Department and each institution under its jurisdiction, including the Steuben County Jail, where plaintiff is confined.

5. David Sutton, is the Major of Steuben County Jail. He is legally responsible for the operation of Steuben County Jail and for the welfare of all the inmates in that Jail.

6. Defendant, Lieutenant Wetherby, is a Lieutenant of the New York Steuben County Jail, who at all times mentioned in this complaint, held the rank of Lieutenant and was assigned to Steuben County Jail.

7. Defendant, Sergeant Valentine, is a Sergeant of the Steuben County Jail in New York, who at all times mentioned in this complaint, held the rank of ~~the~~ Sergeant and was assigned to Steuben County Jail.

8. Officer Turner, Defendant, is an officer of the New York Sheriff's department, who at all times mentioned in this complaint held the rank of officer, and was assigned to Steuben County Jail.
9. Defendant, Detective Brooke Payne, is a detective of the New York Sheriff's department, who at all times mentioned in this complaint, held the rank of detective, and was assigned to the Steuben County Sheriff's Department.
10. Daniel F. Martuscello, Defendant, is the Director of the New York Department of Corrections. He is legally responsible for the overall operations of the Department and each institution under its jurisdiction, including the Steuben County Jail.
11. Defendant, Scotland Reider, is a medical professional, who at all times mentioned in this complaint, is the head of the Steuben County Jail's M.A.T. Program.
12. Defendant, Bonnie, is a Mental Health Professional, and who at all times mentioned in this complaint, is a mental health professional at Steuben County Jail.
13. Each defendant is sued individually and in his or her official capacity. At all times mentioned in this complaint, each defendant acted under the color of state law.

### III Facts And Legal Claims

14. On May 4<sup>th</sup>, 2023, after being arrested by officer Brandon Martin and transported to the Steuben County Sheriff's Department, I was asked by defendant detective Brooke Payne if I knew who Tyler Newkirk was and I stated: "Tyler Newkirk, he's the idiot I got stabbed by?" when defendant Brooke Payne typed up the statement she intentionally omitted my words "Got" and "By". She

then charged me with Assault in the First degree, even though the "victim" admitted in his own statement he violently attacked me in the morning of February 17<sup>th</sup>, 2023, then again that night, and the second time was inside my own motel room where he was uninvited. Detective Brooke Payne is aware Tyler Newkirk is a Known Islamic terrorist by his own admittance and is monitored by various law enforcement agencies.

15. Defendants Lieutenant Wetherby & Sergeant Valentine On and around May 25<sup>th</sup>, 2023, have denied me worker jobs in the unit I am assigned, which is for max. security inmates, due to me being charged with 1<sup>st</sup> degree Assault. However, every inmate in my unit is max, including pod workers. Note also I am a pretrial detainee, I've been convicted of nothing thus far, I wanted a job to be productive during my stay at the jail.

16. Defendants Wetherby and Bonnie throughout months of May 2023 and June 2023 were explicitly aware of not only Plaintiff's diagnosis of suffering significant symptoms of complex Post Traumatic Stress Disorder, but that other inmates were regularly taunting and playing off his CPTSD triggers to watch him cry, suffer breakdowns and brief periods of psychosis. It came to the point where the other inmates were physically threats toward Plaintiff and the defendants ignored this and Plaintiff lost his sanity to the point he had thought he could get no help and needed to defend his own life, then he was punished for it and became suicidal, trying to harm himself by swallowing sharp objects.

17. Defendants Bonnie, Wetherby, Sutton, Allard and Martuscello held Plaintiff on suicide watch status for 14 days before releasing him. They also held him without any meaningful human interaction or anything other than clothes and a mattress while knowing he was clearly losing sanity due to lack of anything meaningful or any sensory stimulation.

These defendants also held Plaintiff, and still do, in Solitary Confinement unit without any privileges for 18 days which is 3 days longer than their own policy allows, without a hearing or due process hearing to show guilt. These defendants then, on June 24<sup>th</sup>, 2023, held his hearing and sentenced him to 365 days Solitary Confinement on other side of gate from general population inmates who still taunt and harass Plaintiff. Only, now Plaintiff is held in Solitary Confinement being denied privileges such as consumable commissary, phone calls, video visits, radio, or any other privileges without due process hearing for denying these privileges.

18. Defendants Bonnie, David Sutton, James Allard and Daniel Martuscello have been denying Plaintiff transfer to any local psychiatric centers that would be of significant and beneficial help to Plaintiff since his incarceration at their jail.

19. Defendants Bonnie and Scotland Reider have denied Plaintiff his prescribed medication Adderall since his incarceration and denied him his rights to participate in their M.A.T. Program that all New York State inmates are rightfully allowed to participate in. Plaintiff is an ex-drug addict and could benefit



From the M.A.T. Program. And, Plaintiff needs his prescribed medication, Adderall, he was receiving prior to his incarceration. The defendants merely provide papers to Plaintiff to read as the entirety of his therapy and tell him this is the best they can do for him and his suffering significant symptoms of complex Post Traumatic Stress Disorder.

20. All these facts and legal claims fall under Plaintiff's Constitutionally protected 4<sup>th</sup>, 8<sup>th</sup>, and 14<sup>th</sup> amendment rights.

21. The Plaintiff has no plain, adequate or complete remedy at law to redress the wrongs described herein. Plaintiff has been and will continue to be irreparably injured by the conduct of the defendants unless this court grants the declaratory and injunctive relief which Plaintiff seeks.

#### IV Prayer For Relief

Wherefore, Plaintiff respectfully prays that this court enter judgment granting Plaintiff:

22. A declaration that the acts and omissions described herein violated Plaintiff's rights under the Constitution and laws of the United States,

23. A preliminary and permanent injunction ordering defendant James Allard, David Sutton, Daniel Martuscello, Lieutenant Wetherby, Valentine, Turner, Scotland Reider, Bonnie, Brooke Payne to stop denying Plaintiff phone calls, video visits, consumable commissary, general population status, inmate worker position, a true statement from Plaintiff as to the crime allegedly committed

on the day and night of February 17<sup>th</sup>, 2023, And to either provide Plaintiff all his prior prescribed medication and full, meaningful mental health treatment or transfer to a center where Plaintiff can receive such treatment for his Serious Mental Illness diagnosis.

24. Compensatory damages in the amount of \$10,000.00 against each defendant, jointly and severally.

25. Punitive damages in the amount of \$1,000,000.00 against each defendant, both jointly and severally.

26. A jury trial on all issues triable by jury.

27. Plaintiffs costs in this suit.

28. Any additional relief this court deems just, fair, proper and equitable.

Dated: June 26<sup>th</sup>, 2023

Respectfully Submitted

Eric Douglas Powers  
7001-Rumsey Street Ext.  
Bath, New York, 14810

### Verification

I have read the foregoing complaint and hereby verify that the matters alleged therein are true, except as to matters alleged on information and belief, and as to those, I believe them to be true. I certify under penalty of perjury that the foregoing is true and correct.

Executed at Bath, New York, on June 26<sup>th</sup>, 2023.

Name Eric D. Powers page 7 of 17

**New York State Commission of Correction**  
**Inmate Grievance Form**  
 Form SCOC 7032-1 (11/2015)

Facility: Steuben County Jail Housing Location: 5-14-Max  
 Name of Inmate: Eric D. Powers Grievance #: 2023-61

**Brief Description of the Grievance (Submitted by the grievant within 5 days of occurrence)**  
 Number of Sheets Attached ( )

When Officer Turner brought canteen I told him my bag was  
missing two coffees, he accused me of lying, and told he would  
kick me with his boots in my face so I couldn't tell my family  
to call up here to SCJ to report this when I told him I didn't want  
any problems with him. He then went to other pod  
(continued on attached page)

**Action requested by the grievant (Submitted by the grievant within 5 days of occurrence)**  
 Number of Additional Sheets Attached ( )

I want officer Turner fired. I want  
investigators to take photos of my injury.  
And the harassment and verbal psychological  
and emotional abuse from officer Turner and any  
others needs to stop. And I want all of my CPTSD related  
 Grievant Signature: EE D. Powers Date/Time Submitted: 6-1-23/11:00pm  
 Receiving Staff Signature: \_\_\_\_\_ Date/Time Received: \_\_\_\_\_  
now on

Investigation Completed by: Lt. Wuthrich Date Completed: 6/8/2023

**Decision of the Grievance Coordinator**  
 Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)  
☐ Grievance Accepted  
☐ Grievance Denied on Merits  
☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)  
☒ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

See attached

Signature of the Grievance Coordinator: Lt. C. [Signature] #202

Date: 6/8/2023



## Description of grievance Continued...

to continue hauling out canteen, when he went to segregation after the middle pod an offender named Jerry Cleveland forced a pair of Shoes under gated fence that separates our pods and told me to take them. I did not want them, but officers asked me who they belonged to and I told them they belonged to me because I obviously had them in my possession.

I was instructed to give them back by Officer Turner and told to push them back under gated Fence. when I did ~~as~~ as Turner directed me to without complaint I was cut by steel on gated fence through my skin to my meat in my hand. I then requested medical help and Turner screamed at me to lock-in my cell. I did and I picked-up a tablet and said I was calling home to have someone call this jail to report officer Turner.

when Officer Manley did a tour around unit pods he asked for tablet back and I told him soon as I got off phone but not until I had relayed the situation to my loved ones, and that's all I did and slid it under door soon as I finished - less than five minutes. The recording will prove this. Turner threatened to shoot me with his Stun gun with a laugh on his face ~~for~~ for my non-harmful actions and was allowed to do this.

✓

✓

# Grievance Form

## Informal Resolution/Attempted Resolutions

Date inmate submitted grievance: 6 - 1 - 23Inmate's Name: POWERS, EricHousing Unit: (01) (02) (03) (04) (05) (06) (07)

List specific attempts made to resolve grievance:

I Spoke With inmate POWERS about this grievance and explained to him that is not what officer + Janel said to him and we did not slide out the tablet when asked for it that's what the sergeant was called. Inmate POWERS does not wish to resolve this informally

UNABLE TO RESOLVE w/ INMATE. INM WISHES TO PROCEED TO NEXT STEP

CLM WLL #2114

JUN 29 6:3:23

☐ Check

I agree to resolve my grievance informally

Date: \_\_\_\_\_

Printed name of inmate: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed name of officer: \_\_\_\_\_

Signature: \_\_\_\_\_

**New York State Commission of Correction  
Inmate Grievance Form Part II**

**NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO C.A.O. FOR DETERMINATION**

**Grievant's Appeal to the Chief Administrative Officer**

**Must submit within two business days of receipt of the Grievance Coordinator's written decision**

I have read the above decision of the Grievance Coordinator and

( ) I agree to accept the decision

(X) I am appealing to the Chief Administrative Officer

Grievant Signature: \_\_\_\_\_

Date: 6-22-23

**Decision of the Chief Administrative Officer:**

**Number of Sheets Attached ( )**

**Shall be issued within five business days after receipt of appeal and provided to grievant**

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CPCRC)
- ☐ Grievance Accepted (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l))
- ☐ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (may be appealed to CPCRC)
- ☐ Grievance Denied due to appeal submitted beyond 2 business days (may be appealed to CPCRC)
- ☐ Grievance Accepted in part/Denied in part (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l) for the Accepted portion of grievance)

My statement is a statement of true facts and is not wholly the same as what Lt. Wetherby typed as my "statement", showing that Lt. Wetherby changed parts of my statement when he typed it. I'm still not replaced or refunded my coffee and

Signature of the Chief Administrative Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Pursuant to 9 NYCRR §7032.5(a), any grievant may appeal any grievance DENIED by the facility administrator, in whole or in part, to the State Commission of Correction.

I have read the above decision of the Chief Administrative Officer and

( ) I agree to accept the decision

(X) I am appealing to the Citizen's Policy and Complaint Review Council

Grievant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submission to the Citizen's Policy and Complaint Review Council**

**NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO CPCRC UNLESS C.A.O. HAS ACCEPTED THE GRIEVANCE IN ITS ENTIRETY**

**NOTE: A GRIEVANCE ACCEPTED IN ITS ENTIRETY BY THE CHIEF ADMINISTRATIVE OFFICER OR FOUND NON-GRIEVABLE BY THE CHIEF ADMINISTRATIVE OFFICER MAY NOT BE APPEALED, AND SHALL NOT BE FORWARDED, TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL.**

**I HAVE ISSUED THE GRIEVANT A RECEIPT INDICATING THE DATE THE APPEAL HAS BEEN SUBMITTED TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL. I HAVE ENCLOSED WITH THIS GRIEVANCE THE INVESTIGATION REPORT, THE WRITTEN DIRECTIVE OF PROVIDED REMEDY/RELIEF FOR GRIEVANCES SUSTAINED IN PART (IF APPLICABLE) AND ALL OTHER PERTINENT DOCUMENTS.**

Signature of the Grievance Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

*turner is still a problematic officer # toward me*

**Steuben County Jail**

**Grievance Reply  
Part II**

To: Inmate Eric Powers  
From: Lt. C. Wetherby  
Date: June 7, 2023  
Re: Grievance # 2023-061

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In response to your grievance you were missing two bags of coffee when commissary was delivered to your unit. Also you took a pair of shoes from inmate Gerald Cleveland from underneath the fence from the middle section and then were told to give them back. You state you did give them back by sliding them underneath the gate causing a cut to your hand. You also state you were told to lock into your cell and you did and you asked for medical attention. You took a tablet to your cell and stated it was to call home to call and report Officer Turner. Upon investigation into your allegations and speaking with Officer Turner, you were instructed to go through your bag at the table. Then Officer Turner saw you get up and move to another table with another inmate at it. Then a few minutes later moved back to the original table you were at and told Officer Turner you were missing two bags of coffee. When questioned about moving tables while checking your commissary you stated that you didn't move. Which in fact by your own admittance to me when I spoke to you about this grievance you stated you did move and then move back. Then when Officer Turner questioned you again you stated "fuck it I'm going to sign it". This indicates to the commissary Officer that all is right with the order. You were told not to sign it until Officer Turner could figure out what was going on and you ignored his order and signed the receipt. You also questioned Officer Turner as to who was his watch commander and then started to menace Officer Tuner verbally. Officer Turner then told you to lock in twice before you complied with the order. You then attempted to take a pair of white shoes placed underneath the fence by another inmate and when questioned you became dramatic and stating it was a set up. You also state you were injured by the fence and didn't receive medical treatment, but when I questioned you about it you stated you did receive medical treatment and then later in your grievance you stated you received medical treatment. As for you requested actions to have Officer Turner fired is denied as Officer Turner was doing his job and you were locked in for violating jail policies. You also want photos taken of your injury is accepted as you told me you took pictures with the tablet. Also you want verbal, psychological, and emotional abuse to stop from Officer Turner and other staff is denied as you provided no evidence of this happening. You also want all of your PTSD medication is denied as that is up to medical to screen you for and prescribe to you .



Your grievance is denied in part and accepted in part.

**Inmates do not write on this page.**



New York State Commission of Correction  
Inmate Grievance Form  
 Form SCOC 7032-1 (11/2015)

Facility: Steuben County Jail Housing Location: S-30  
 Name of Inmate: Eric D. Powers Grievance #: 2023-57

Brief Description of the Grievance (Submitted by the grievant within 5 days of occurrence)

Number of Sheets Attached ( )

I asked officer Brois if he would ask one of his pool workers to clean the pool and he told me to clean this side ourselves rather than a pool worker designated to do this, And that he "don't care".

Action requested by the grievant (Submitted by the grievant within 5 days of occurrence):

Number of Additional Sheets Attached ( )

Seeing that Sergeant Valentine and the rule book states pool ~~clean~~ workers are hired for the whole unit, not only their own assigned cellblock, I want them cleaning our floors, showers and tables or I want assigned the job since we do it ourselves anyway.

Grievant Signature: [Signature]

Date/Time Submitted: 5-24-23

Receiving Staff Signature: [Signature]

Date/Time Received: 7:46 a.m.

5/29/23 0747

Investigation Completed by: Lt. Wetherby

Date Completed: 5/25/2023

Decision of the Grievance Coordinator

Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)  
☒ Grievance Accepted  
☒ Grievance Denied on Merits  
☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)  
☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

See attached

Signature of the Grievance Coordinator: Lt. [Signature] #202

Date: 5/25/2023

**Grievance Form**  
**Informal Resolution/Attempted Resolutions**

Date inmate submitted grievance: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Inmate's Name: \_\_\_\_\_

Housing Unit: (01) (02) (03) (04) (05) (06) (07) .

List specific attempts made to resolve grievance:

Inmate Powers didn't want to resolve the grievance. I told inmate Powers that the unit workers are for chow service/Laundry collection and Hand back. They are not personal maids and will stay in the section in which they are housed. I did say I did not care if he cleaned the day area. There are other inmates that will be clean and you not needed.

*J. LABR*

I EXPLAINED TO I/M THAT I WOULD HAVE A UNIT WORKER COME OVER TO CLEAN AND I/M POWERS INSISTED ON PROCEEDING W/ GRIEVANCE. JOURNAL 209 5/25/23

Check
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I agree to resolve my grievance informally

Date: \_\_\_\_\_

Printed name of inmate: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed name of officer: \_\_\_\_\_

Signature: \_\_\_\_\_

**New York State Commission of Correction  
Inmate Grievance Form Part II**

**NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO C.A.O. FOR DETERMINATION**

**Grievant's Appeal to the Chief Administrative Officer**

**Must submit within two business days of receipt of the Grievance Coordinator's written decision**

I have read the above decision of the Grievance Coordinator and

( ) I agree to accept the decision

(X) I am appealing to the Chief Administrative Officer

Grievant Signature: *G. D. J. J.*

Date: 6-22-23

**Decision of the Chief Administrative Officer:**

Number of Sheets Attached ( )

**Shall be issued within five business days after receipt of appeal and provided to grievant**

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CPCRC)
- ☐ Grievance Accepted (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l))
- ☐ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (may be appealed to CPCRC)
- ☐ Grievance Denied due to appeal submitted beyond 2 business days (may be appealed to CPCRC)
- ☐ Grievance Accepted in part/Denied in part (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l) for the Accepted portion of grievance)

*sgt. valentine stated what he did to me and also I was denied as a worker due to the charge I'm incarcerated for as a pretrial detainee, not convicted, which housed in a max pd. ALL inmates - workers included - within this unit are max inmates, convicted or not. This is a violation of due process and equal rights.*

Signature of the Chief Administrative Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Pursuant to 9 NYCRR §7032.5(a), any grievant may appeal any grievance DENIED by the facility administrator, in whole or in part, to the State Commission of Correction.

I have read the above decision of the Chief Administrative Officer and

( ) I agree to accept the decision

( ) I am appealing to the Citizen's Policy and Complaint Review Council

Grievant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submission to the Citizen's Policy and Complaint Review Council**

**NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO CPCRC UNLESS C.A.O. HAS ACCEPTED THE GRIEVANCE IN ITS ENTIRETY**

**NOTE: A GRIEVANCE ACCEPTED IN ITS ENTIRETY BY THE CHIEF ADMINISTRATIVE OFFICER OR FOUND NON-GRIEVABLE BY THE CHIEF ADMINISTRATIVE OFFICER MAY NOT BE APPEALED, AND SHALL NOT BE FORWARDED, TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL.**

**I HAVE ISSUED THE GRIEVANT A RECEIPT INDICATING THE DATE THE APPEAL HAS BEEN SUBMITTED TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL. I HAVE ENCLOSED WITH THIS GRIEVANCE THE INVESTIGATION REPORT, THE WRITTEN DIRECTIVE OF PROVIDED REMEDY/RELIEF FOR GRIEVANCES SUSTAINED IN PART (IF APPLICABLE) AND ALL OTHER PERTINENT DOCUMENTS.**

Signature of the Grievance Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

**Steuben County Jail**

Grievance Reply  
Part II

To: Inmate Eric Powers  
From: Lt. C. Wetherby  
Date: May 25, 2023  
Re: Grievance # 2023-057

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In response to your grievance stating you asked Officer Brois to have a unit worker clean your side of the unit and he said you could clean it yourself. After looking into the allegation and speaking with Officer Brois it was found that he told you unit workers are for meal service and laundry collection and the unit workers would stay in their assigned section. Further more two inmates were already cleaning the day area. Your requested action you state Sgt. Valentine and the rule book states "Pod workers are hired for the whole unit, not only their assigned cell block, and you want them to cleaning your floors, showers and tables, or you want to be assigned the job. If you read page 7 under expected inmate behavior under section 7 it states your expected behavior is to maintain your assigned room and surrounding common area in clean, orderly and sanitary fashion. This is not a hotel we are not here to clean up after you. You are expected to clean up after yourself and any area you inhabit while you are here. Nowhere in the inmate handbook does it say "Pod workers are hired to clean theirs and other inmates floors, showers, and tables. For this your grievance I denied.

Your grievance is denied.

**Inmates do not write on this page.**



**New York State Commission of Correction**  
**Inmate Grievance Form**  
 Form SCOC 7032-1 (11/2015)

Facility: Steuben County Jail  
 Name of Inmate: Eric D. Powers

Housing Location: 5-30  
 Grievance #: 2023-56

**Brief Description of the Grievance (Submitted by the grievant within 5 days of occurrence)**

Number of Sheets Attached ( )

The assigned Pod workers in Unit 5 do not clean the side housing 26-30/10-14. Inmate Mack-Vasquez does most of the cleaning on our side daily and myself, neither of us get any extra food or visits, but your assigned workers do and share with their friends on their middle pod.

**Action requested by the grievant (Submitted by the grievant within 5 days of occurrence):**

Number of Additional Sheets Attached ( )

we want jobs in our pod as well and the extra food and visits that workers get, or we want your workers to clean our whole pod regularly to earn what they're being given. we want equal treatment and privileges or new workers.

Grievant Signature: Eric D. Powers

Date/Time Submitted: 5-23-23, 8:00 PM

Receiving Staff Signature: Adrian Pate

Date/Time Received: 5-23-23 2008

Investigation Completed by: Lt. Wetherby

Date Completed: 5/25/2023

**Decision of the Grievance Coordinator**

*Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination*

Number of Sheets Attached ( )

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
- ☐ Grievance Accepted
- ☒ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
- ☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

Signature of the Grievance Coordinator: Lt. Caffrey #202

Date: 5/25/2023



**Grievance Form**  
**Informal Resolution/Attempted Resolutions**

Date inmate submitted grievance: 05 - 23 - 23

Inmate's Name: Eric Powers

Housing Unit: (01) (02) (03) (04) (05) (06) (07) .

List specific attempts made to resolve grievance:

I explained to inmate Powers that I will inform  
a Sergeant to let them know that the current  
unit workers aren't doing what they should be. I could  
not informally resolve this grievance. Austin #252

SPOKE TO I/M POWERS ABOUT HAVING A UNIT WORKER  
CLEAN AND HE STATED THAT HE WISHES TO PROCEED  
FURTHER WITH THIS GRIEVANCE. JOURNAL 209-05-25-23

Check
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I agree to resolve my grievance informally

Date: \_\_\_\_\_

Printed name of inmate: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed name of officer: \_\_\_\_\_

Signature: \_\_\_\_\_

**New York State Commission of Correction  
Inmate Grievance Form Part II**

**NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO C.A.O. FOR DETERMINATION**

**Grievant's Appeal to the Chief Administrative Officer**

***Must submit within two business days of receipt of the Grievance Coordinator's written decision***

I have read the above decision of the Grievance Coordinator and

- ( ) I agree to accept the decision  
( ☒ ) I am appealing to the Chief Administrative Officer

Grievant Signature: 

Date: 6-22-23

**Decision of the Chief Administrative Officer:**

Number of Sheets Attached ( )

***Shall be issued within five business days after receipt of appeal and provided to grievant***

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CPCRC)  
☐ Grievance Accepted (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l))  
☐ Grievance Denied on Merits  
☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (may be appealed to CPCRC)  
☐ Grievance Denied due to appeal submitted beyond 2 business days (may be appealed to CPCRC)  
☐ Grievance Accepted in part/Denied in part (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l) for the Accepted portion of grievance)

Signature of the Chief Administrative Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Pursuant to 9 NYCRR §7032.5(a), any grievant may appeal any grievance DENIED by the facility administrator, in whole or in part, to the State Commission of Correction.

I have read the above decision of the Chief Administrative Officer and

- ( ) I agree to accept the decision  
( ) I am appealing to the Citizen's Policy and Complaint Review Council

Grievant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submission to the Citizen's Policy and Complaint Review Council**

**NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO CPCRC UNLESS C.A.O. HAS ACCEPTED THE GRIEVANCE IN ITS ENTIRETY**

**NOTE: A GRIEVANCE ACCEPTED IN ITS ENTIRETY BY THE CHIEF ADMINISTRATIVE OFFICER OR FOUND NON-GRIEVABLE BY THE CHIEF ADMINISTRATIVE OFFICER MAY NOT BE APPEALED, AND SHALL NOT BE FORWARDED, TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL.**

**I HAVE ISSUED THE GRIEVANT A RECEIPT INDICATING THE DATE THE APPEAL HAS BEEN SUBMITTED TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL. I HAVE ENCLOSED WITH THIS GRIEVANCE THE INVESTIGATION REPORT, THE WRITTEN DIRECTIVE OF PROVIDED REMEDY/RELIEF FOR GRIEVANCES SUSTAINED IN PART (IF APPLICABLE) AND ALL OTHER PERTINENT DOCUMENTS.**

Signature of the Grievance Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

**Steuben County Jail**

**Grievance Reply  
Part II**

To: Inmate Eric Powers  
From: Lt. C. Wetherby  
Date: May 25, 2023  
Re: Grievance # 2023-056

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In response to your grievance the unit worker isn't cleaning you side of the unit, and you and another inmate are cleaning the unit with not extra trays or visits. Upon investigation into your issue it was found your side of the unit was cleaned by you and another inmate (you admit this in your grievance) and you did not receive an extra tray or an extra visit for the week. You did not receive any of the extras because you are not a unit worker. If you feel you would like these extra things then you can apply to be a unit worker. As for your requested action that you want a job then you need to go through the proper chain of command and fill out a worker application, and then if you are selected then you can receive the extras food trays and visits. Your grievance is denied as you have not applied or already have been denied as a worker.

Your grievance is denied.

**Inmates do not write on this page.**

**New York State Commission of Correction  
Inmate Grievance Form  
Form SCOC 7032-1 (11/2015)**

Facility: Steuben County JailHousing Location: 5-30Name of Inmate: Eric D. PowersGrievance #: 2023-54**Brief Description of the Grievance (Submitted by the grievant within 5 days of occurrence)**

Number of Sheets Attached ( )

I am being denied my right to the MAT program under the title of Article 22 Misc 6260 for opiod treatment as a prisoner within your facility. Also, I've a right to non-discriminative equal treatment as such other prisoners in your facility.

**Action requested by the grievant (Submitted by the grievant within 5 days of occurrence):**

Number of Additional Sheets Attached ( )

I want to exercise My right to attend your MAT program for treatment of opiod addiction.

Grievant Signature: Eric D. PowersDate/Time Submitted: 05-20-23/10:20a.M.Receiving Staff Signature: B. H. 277Date/Time Received: 5/20/23. 1020amInvestigation Completed by: Lt. WetherbyDate Completed: 5/25/2023**Decision of the Grievance Coordinator**

Number of Sheets Attached ( )

**Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination**

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
- ☐ Grievance Accepted
- ☒ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
- ☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

See attached

Signature of the Grievance Coordinator: Lt. C. H. #202Date: 5/25/2023

# Grievance Form

## Informal Resolution/Attempted Resolutions

Date inmate submitted grievance: 5 - 20 - 23Inmate's Name: Eric PowersHousing Unit: (01) (02) (03) (04) (05) (06) (07)

List specific attempts made to resolve grievance:

This ofc. suggested that this inmate speak w/ a provider to better figure out why he is being denied. At this time this inmate wishes to go forward w/ the grievance process. B/C/JT

Spoke with the inmate and explained to him that he does not qualify for the program per medical. Sgt. Cardine #204 5-20-23

Spoke with inmate Powers and told him that who is and who is not on the MAT program is out of our control and that those decisions are up to medical. MA #230 5-21-23



I agree to resolve my grievance informally

Date: \_\_\_\_\_

Printed name of inmate: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed name of officer: \_\_\_\_\_

Signature: \_\_\_\_\_



**New York State Commission of Correction  
Inmate Grievance Form Part II**

**NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO C.A.O. FOR DETERMINATION**

**Grievant's Appeal to the Chief Administrative Officer**

**Must submit within two business days of receipt of the Grievance Coordinator's written decision**

I have read the above decision of the Grievance Coordinator and

( ) I agree to accept the decision

(  ) I am appealing to the Chief Administrative Officer

Grievant Signature: \_\_\_\_\_

Date: 6-22-23

**Decision of the Chief Administrative Officer:**

Number of Sheets Attached ( )

**Shall be issued within five business days after receipt of appeal and provided to grievant**

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CPCRC)
- ☐ Grievance Accepted (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l))
- ☐ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (may be appealed to CPCRC)
- ☐ Grievance Denied due to appeal submitted beyond 2 business days (may be appealed to CPCRC)
- ☐ Grievance Accepted in part/Denied in part (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l) for the Accepted portion of grievance)

I have a right just as any and all other inmates within Steuben County Jail to attend MAT Program due to my history of drug use. I failed for THC and Cocaine when first incarcerated. I could not get heroin nor opiates until my deal brought more.

Signature of the Chief Administrative Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Pursuant to 9 NYCRR §7032.5(a), any grievant may appeal any grievance DENIED by the facility administrator, in whole or in part, to the State Commission of Correction.

I have read the above decision of the Chief Administrative Officer and

( ) I agree to accept the decision

( ) I am appealing to the Citizen's Policy and Complaint Review Council

Grievant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submission to the Citizen's Policy and Complaint Review Council**

**NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO CPCRC UNLESS C.A.O. HAS ACCEPTED THE GRIEVANCE IN ITS ENTIRETY**

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Signature of the Grievance Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

**Steuben County Jail**

Grievance Reply  
Part II

To: Inmate Eric Powers  
From: Lt. C. Wetherby  
Date: May 25, 2023  
Re: Grievance # 2023-054

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In response to your grievance stating you are being denied into the MAT program. After looking into your allegation it was found that you were seen by medical staff who do part of the assessment for the MAT program and found that you did not meet the criteria for opiate use disorder, for this your grievance is denied.

Your grievance is denied.

**Inmates do not write on this page.**

New York State Commission of Correction  
Inmate Grievance Form  
Form SCOC 7032-1 (11/2015)

Facility: Steuben County JailHousing Location: 5-30Name of Inmate: Eric D. Powers

Grievance #: \_\_\_\_\_

Brief Description of the Grievance (Submitted by the grievant within 5 days of occurrence)

Number of Sheets Attached ( )

*Under Article 87(2)(b) misc. 626  
I'm being denied the MAT program.*

I requested for MAPS program and was denied by nurse staff even though others weren't positive on screens for it upon arrival, and one of them started getting Suboxone a few wks ago after 7 months without it and did not have a positive screen himself upon arrival.

Action requested by the grievant (Submitted by the grievant within 5 days of occurrence):

Number of Additional Sheets Attached ( )

I need MAT to help with cravings for dope, and coping with with all this. Otherwise I want to exhaust my remedies and move to a 1983 civil suit and file motions to pull other inmates cases to prove discrimination and possibly favoring others.

Grievant Signature: Eric D. PowersDate/Time Submitted: 5-16-2023Receiving Staff Signature: [Signature]Date/Time Received: 5/16/23 1522Investigation Completed by: Lt. WetburyDate Completed: 5/16/2023

Decision of the Grievance Coordinator

Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination

- ☒ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
- ☐ Grievance Accepted
- ☐ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
- ☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

Non-grievable - Outside of CAO ability

Signature of the Grievance Coordinator: Lt. [Signature] #202Date: 5/16/2023

**Grievance Form**  
**Informal Resolution/Attempted Resolutions**

Date inmate submitted grievance: 5 - 16 - 23

Inmate's Name: Eric Powers

Housing Unit: (01) (02) (03) (04) (05) (06) (07)

List specific attempts made to resolve grievance:

I've spoken with Sgt.'s and a Lt. and miss Amanda with medical and am denied still, while others aren't. Per policy I am allowed to participate in MAT just like any and all other inmates.

☐

Check

I agree to resolve my grievance informally

Date: \_\_\_\_\_

Printed name of inmate:

Eric D. Powers

Signature:

Eric D. Powers

Printed name of officer:

Signature:

**New York State Commission of Correction  
Inmate Grievance Form Part II**

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- ( ) I agree to accept the decision  
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Grievant Signature: \_\_\_\_\_

Date: 6-22-23

**Decision of the Chief Administrative Officer:**

**Number of Sheets Attached ( )**

***Shall be issued within five business days after receipt of appeal and provided to grievant***

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Date: \_\_\_\_\_

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Signature of the Grievance Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_